Toxicity in toys

†2084. SHRI SHATRUGHAN SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn towards the reports in news-papers and magazines that several Chinese toys being sold in the market and those manufactured in India also can cause serious diseases to children as the content of lead in their colours is very high;

(b) whether Government have any information in this regard;

(c) if so, the action being taken by Government; and

(d) if not, whether Government would intend to gather necessary information in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) There have been several reports recently in the newspapers regarding poor product quality of Chinese made goods including toys. According to Indian Council of Medical Research (ICMR), an NGO Toxies Link had conducted a study in 2006 which examined toys from Delhi, Mumbai and Chennai, and reported high levels of cadmium and lead in PVC used in soft toys. Most of the toys in Chennai and Mumbai were being imported from China. Lead is a known neuro and hematological toxin which can lead to delayed development and lower IQs in children. Cadmium is one of the heavy metals which has its primary effect on kidneys. As regards the safety requirement for toys, the Bureau of Indian Standards has published the following three standards for safety requirements for toys:–

1. IS 9873 (part I) : 2001 /ISO 8124-1:2000 Safety requirements for toys: Part 1: safety aspects related to mechanical and physical properties.

2. IS9873 (Part 2): 1999/ISO 8124-2:1994 Safety requirements for toys: Part 2:Flammability requirements.

3. IS9873 (part 3)1999/ISO 8124 -3:1997 Safety requirements for toys: Part 3: migration of certain elements, prescribed maximum acceptable element-migration, for antimony (Sb),Arsenic(As), Barium (Ba), Cadmium (Cd), Chromium (Cr), Lead (Pb), Mercury (Hg) and Selenium (Se) from toy materials.

Health facilities in Rajasthan

2085. DR. ABHISHEK MANU SINGHVI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the details of efforts being taken by Government to set up and maintain outreach health facilities in the arid zone of Rajasthan which consists of 12 districts and a population of more than 225 lakhs and forms 69 per cent of the arid zone in the country?

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†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): Under the National Common Minimum Programme (NCMP) of UPA Government, health care is one of the seven thrust areas. The NCMP mandates an increase in expenditure in health sector, with main focus on Primary Health Care from current level of 0.9% of GDP to 2-3% of GDP over the next five years. The National Rural Health Mission (NRHM) which is the main vehicle for giving effect to the above mandate has been implemented throughout the country, with special focus on 18 states which includes Rajasthan. All the arid zones of Rajasthan are covered under the NRHM.

The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in Rural Health care services through creation of a cadre of Accredited Social Health Activists (ASHA),and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources.

Spurious AIDS medicines

2086. SHRI ABU ASIM AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large quantity of inferior quality of medicines for HIV and AIDS diseases have been located recently by Government;

(b) if so, whether it is a fact that the number of HIV and AIDS patients are increasing rapidly in the country as a result of use of this adultered medicines; and

(c) the actions being taken by Government to stop further production of false medicines and to save the patients?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No such information in this regard has been received. Under the National AIDS Control Programme, the medicines are procured from WHO-accredited pharmaceutical companies following laid down criteria through open tender process. The drugs are tested prior to dispatch to the anti-retroviral treatment centres located in government hospitals.

(b) No, Sir.

(c) Question does not arise.

Malaria and TB in Jharkhand

2087. MS. MABEL REBELLO: Will the MINISTR OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many people are affected by malaria and T.B. annually in Jharkhand; and

(b) how many people died of malaria and T.B. annually in Jharkhand district-wise, disease-wise and year-wise during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Malaria cases